

| APPLICANT INFORMATION | FOR OFFICIAL USE ONLY |
|---|--|
| Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (LAST) (FIRST) (MIDDLE) </div> Social Security No.* _____ | Class Code _____ Class Title _____ Received by _____ Agency _____ Accepted / Rejected _____ Date _____ Reason _____ |
| Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (STREET, P.O. BOX) Home Phone _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> _____ Work Phone /Ext _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (CITY) (STATE) (ZIP CODE) </div> | In-House Posting Yes _____ No _____ |
| *Strict confidentiality of Social Security Number will be maintained. | |



STATE OF NEW HAMPSHIRE
The State of New Hampshire Is an equal opportunity employer.
Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.

APPLICATION FOR EMPLOYMENT

Please print neatly or type the application.

Be sure you have filled in the "Applicant Information" section at the top of this application.

You are encouraged to provide a copy of your current resume, but

RÉSUMÉS WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION FOR EMPLOYMENT.

Position for which you are applying: _____ Position Number (if known): _____ Agency where position is located: _____

Will you accept part-time employment: Yes _____ No _____
Will you accept employment anywhere in the State? Yes _____ or no? _____ If you answered "NO," please circle up to three counties in which you will accept employment.
Merrimack 00100 Belknap 00200 Hillsborough 00300 Rockingham 00400 Cheshire 00500 Coos 00600 Strafford 00700 Sullivan 00800 Grafton 00900 Carroll 01000

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES? Yes _____ No _____
Have you been employed by a NH State agency before? Yes _____ No _____ If yes, when? _____
For what State agency were you employed? _____ In what position? _____
What was your reason for leaving? _____

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.

IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF CONVICTION.

Please note: Conviction is not an automatic disqualifier for employment. Each case is considered individually.
WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

EDUCATION

Please select the highest school grade completed: 8 9 10 11 12 or G.E.D. 13 14 15 16 17 18

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

If the position for which you are applying requires postsecondary education credits,
YOU MUST SUBMIT COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL, AND/OR OTHER EDUCATION TRANSCRIPTS.

| Name of School | Major | Degree or Certificate Earned |
|----------------|-------|------------------------------|
| | | |
| | | |
| | | |

INFORMATION TECHNOLOGY TRAINING/EXPERIENCE

Please list below your training/experience in information technology (i.e., data processing, word processing, spreadsheet design or development, database development or management). Note any specific software applications or programming languages in which you are proficient:

VETERAN'S PREFERENCE

You may be eligible for veteran's preference points upon INITIAL application/entry into the classified State service for military duty performed during qualifying periods of war/armed conflict. To request veteran's preference points, PROOF OF ELIGIBILITY FOR VETERAN'S PREFERENCE MUST BE SUBMITTED WITH THE APPLICATION.

Please check one of the following if you wish to request veteran's preference points:

- | | |
|---|--|
| <input type="checkbox"/> War veteran (5 points) | <input type="checkbox"/> Disabled war veteran with 10% or more service-connected disability. (10 points) |
| <input type="checkbox"/> Unremarried surviving spouse of a war veteran (5 points) | <input type="checkbox"/> Unremarried spouse of a war veteran whose death was service-connected (10 points) |
| <input type="checkbox"/> Spouse of disabled war veteran with service-connected <u>total</u> disability (5 points) | |

LICENSES AND CERTIFICATION

Please list any license or special certification that you hold, specifying license/certificate number and date of expiration:

| | | | | |
|---------------|-------------|---|--------------|---|
| CDL # _____ | Class _____ | Expires <u> </u> / <u> </u> / <u> </u> | LPN # _____ | Expires <u> </u> / <u> </u> / <u> </u> |
| PE/EIT# _____ | | Expires <u> </u> / <u> </u> / <u> </u> | RN # _____ | Expires <u> </u> / <u> </u> / <u> </u> |
| Other: _____ | | Expires <u> </u> / <u> </u> / <u> </u> | Other: _____ | Expires <u> </u> / <u> </u> / <u> </u> |

(Unless otherwise prohibited by law, please include with your application a photocopy of any license or certificate.)

CREDIT FOR CERTIFICATION THROUGH TRAINING or EXAMINATION

If you have completed approved coursework and have achieved special certification through training or examination (i.e., Certified Public Manager or Certified Public Supervisor) please complete the following:

| | | |
|-------------------------------|---------------------------|--|
| (Title or Certificate Earned) | (Date Certificate Earned) | (Certifying State, Agency or Organization) |
|-------------------------------|---------------------------|--|

IN ORDER TO RECEIVE CREDIT FOR CERTIFICATION, YOU MUST SUBMIT PROOF OF COURSE COMPLETION AND THE CERTIFICATE EARNED.

EXPERIENCE - WORK HISTORY

In the sections below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. *You should emphasize work experience most pertinent to the position for which you are applying.* If more space is needed, please attach additional sheets. You are encouraged to submit a current résumé with your application.

PLEASE NOTE: RÉSUMÉS WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

| | | |
|--|--------------------------------|------------------------------------|
| Employer: _____ | Address: _____ | Phone / Ext _____ |
| Your Job Title: _____ | Supervisor's Name/Title: _____ | |
| Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____ | Hours Worked Per Week: _____ | May we contact? _____ Yes _____ No |
| Specific duties: Please describe the duties you performed in your position: _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____ | | |
| Reason you left this position: _____ | | |

| | | |
|--|--------------------------------|------------------------------------|
| Employer: _____ | Address: _____ | Phone / Ext _____ |
| Your Job Title: _____ | Supervisor's Name/Title: _____ | |
| Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____ | Hours Worked Per Week: _____ | May we contact? _____ Yes _____ No |
| Specific duties: Please describe the duties you performed in your position: _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____ | | |
| Reason you left this position: _____ | | |

| | | |
|--|--------------------------------|------------------------------------|
| Employer: _____ | Address: _____ | Phone / Ext _____ |
| Your Job Title: _____ | Supervisor's Name/Title: _____ | |
| Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____ | Hours Worked Per Week: _____ | May we contact? _____ Yes _____ No |
| Specific duties: Please describe the duties you performed in your position: _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| How many employees did you supervise? ____ Did you assign their work? _____ Reject unsatisfactory work? ____ Did you have the authority to hire/fire? ____ | | |
| Reason you left this position: _____ | | |

Employer: _____ Address: _____ Phone / Ext _____
Your Job Title: _____ Supervisor's Name/Title: _____
Dates of Employment: From: Mo. ____ Year ____ to Mo. ____ Year ____ Hours Worked Per Week: _____ May we contact? _____ Yes _____ No
Specific duties: Please describe the duties you performed in your position: _____

How many employees did you supervise? _____ Did you assign their work? _____ Reject unsatisfactory work? _____ Did you have the authority to hire/fire? _____
Reason you left this position: _____

_____ I have enclosed a copy of my current résumé.

I understand that in order for my application to be considered, the Affirmation below must be completed.

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this State, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my services may be immediately terminated.

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

Applications are available in modified formats for persons with disabilities. Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examinations Section.

UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:

NEW HAMPSHIRE DIVISION OF PERSONNEL
DEPARTMENT OF ADMINISTRATIVE SERVICES
STATE HOUSE ANNEX
25 CAPITOL STREET
CONCORD NH 03301

RECRUITMENT/EMPLOYMENT SURVEY

Please complete the following to assist in our recruitment efforts.

I learned of this career opportunity through:

_____(B89) Private Employment Agency
_____(F89) New Hampshire Division of Personnel
_____(C89) Newspaper (name) _____
_____(E88) Radio/TV advertisements
_____(D88) "Opportunities in NH State Government" bulletin
_____(D89) In-house posting within my agency
_____(E89) Job Fair
_____(A89) N.H. Employment Security
_____(G89) Other (please explain)



NHDOT PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The US DOT Regulations, 49CFR 382 apply to all CDL driver-applicants of this agency. Driver-applicants must be tested for controlled substances as a pre-condition for employment, pursuant to 49CFR section 382.301.

The Medical Review Officer will maintain the results of my test. Negative and positive results will be reported to this agency. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will result in withdrawal of any offer of employment into a position requiring a CDL.

Any State employees who are applying for a position requiring a CDL, who are not currently employed in a position requiring a CDL, may be subject to disciplinary action, up to and including termination, in their current position if they receive a positive test. Please refer to your agency's substance abuse policy.

I understand the above conditions and hereby agree to comply with them.

Applicant's Name (Please Print)

Applicant's Signature

*****Applications for positions requiring CDL's must include this signed form to be considered complete.**

Important Notice to Employees Hired on or after July 1, 2003

The agency of state government that employs you is a certified bargaining unit represented by SEIU local 1984, the State Employees' Association of New Hampshire (SEA). This means that the SEA is the exclusive representative of all employees in that unit and must represent all employees in that unit whether or not those employees are members of the SEA.

In recognition of this obligation to represent all unit employees, the State of New Hampshire and the SEA have agreed as part of the Collective Bargaining Agreement to require all employees hired on or after July 1, 2003 to either join the SEA as dues paying members or to pay a fee to the SEA to compensate the SEA for the actual cost of representation.

The fee that is assessed in lieu of dues is calculated annually by an independent audit of the SEA's expenses and is currently an amount equal to 73% of the full dues paid by members of the SEA.

Please understand that as a condition of employment, you must execute a Payroll Deduction Authorization and indicate whether you wish to be a **Full Member** or pay an **Agency Fee**. A condition of employment means that your employment is contingent upon choosing whether to join the SEA or pay an agency fee and that this is a mandatory requirement for working at the agency that employs you, similar to joining the New Hampshire Retirement System or having taxes withheld.

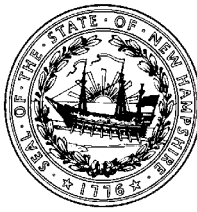
Please print and sign your name in the spaces provided to acknowledge your receipt and understanding of this notice.

Print Name: _____

Signature: _____ Date: _____

RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



NH DEPARTMENT OF SAFETY Division of Motor Vehicles

10 Hazen Drive, Concord, NH 03305

Tele: Driver Records (603) 271-2322
Registration (603) 271-2251
Repro (603) 271-2128
Title (603) 271-3111
Fax (603) 271-1061 (all areas)

Form DSMV 505 (Rev. 07/03)

| | |
|---|--|
| <p>I. Requested Information: Are you requesting:</p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input type="checkbox"/> Another person's Motor Vehicle Record? <small>The back of this form must be completed and notarized.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company? <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p> | <p>II. Requestor Information:</p> <p>Name of Requestor: _____</p> <p>Employer/Company (if applicable): _____</p> <p>Address: _____ Tele.#: _____</p> <p>City: _____ State: _____ Zip: _____</p> |
| <p>III. Requested Records:</p> <p><input type="checkbox"/> Driver Record (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$ 8.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 8.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Title Search: \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 10.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Accident Report (Requestor will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____: \$ _____</p> <p>Make checks payable to "State of NH – DMV"</p> | <p>IV. Intended Use of Information: <u>IMPORTANT: To be completed only if you checked Box C above</u></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding. Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14, V (a)(8) [RSA 260:14 V (a)(6)]. _____ Indicate specific reason here</p> <p><input type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 IV (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting. _____ [(RSA 260:14, V(a)(10))] (Initial here)</p> |
| <p>V. Search For (provide all applicable information):</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p> | <p>Last Known Address: _____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____ Route/Street City/Town</p> <p>Other Identification Information: _____</p> |

*****Reverse Side Must Be Completed Before Processing*****

VI. Signed Authorization:

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

Notary Public / Justice of the Peace Acknowledgement:

I authorize my record to be released to a third person:

(Signature) Date: _____

State of _____, County of: _____ ss Date: _____

The above named _____ personally appeared and made oath that the above declaration by him is true.

In witness whereof I hereunto set my hand and official seal:

Notary Public/Justice of the Peace

Commission Expiration

Certification:

I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.

Signature of Requestor

Date: _____

VIII. PENALTY CLAUSE:

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

OFFICIAL USE ONLY

Date Received: _____

Date Sent: _____

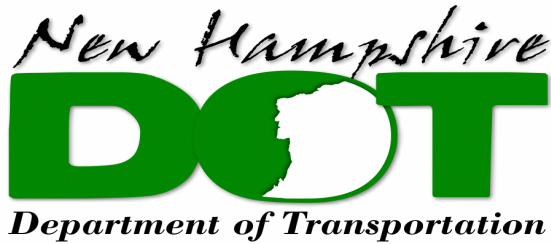
Type of Identification: ☐ Valid Photo Driver License ☐ State-issued Photo ID ☐ Valid Military Identification
☐ Valid Passport ☐ Birth Certificate ☐ Other (specify) _____

ID Number _____

Employee Verifying Applicant Identification (Print Name)

Signature

-----DO NOT WRITE BELOW THIS LINE-----



DRIVER EXPERIENCE AND QUALIFICATIONS

Driver Name: _____ Date: _____
(Please Print)

| DRIVER LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|--------------------|-------|-------------|------|-----------------|
| | | | | |
| | | | | |
| | | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If you answered yes to either A or B above, please attach a statement with details.

DRIVING EXPERIENCE IF NONE, WRITE NONE

| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | DATES | | APPROX NO. OF MILES (TOTAL) |
|--------------------------|--|-------|----|--------------------------------|
| | | FROM | TO | |
| STRAIGHT TRUCK | | | | |
| TRACTOR AND SEMI-TRAILER | | | | |
| TRACTOR - TWO TRAILERS | | | | |
| MOTORCOACH - SCHOOL BUS | | | | |
| OTHER | | | | |

List states operated in for last five years: _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

IF NONE, WRITE NONE

| DATES | NATURE OF ACCIDENT (Head-On, Rear-End, Upset, Etc) | FATALITIES | INJURIES |
|-------|---|------------|----------|
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

(ATTACH SHEET IF MORE SPACE IS NEEDED)